

022404

16805 U.S. PTO

|                                              |                         |                                                                                          |
|----------------------------------------------|-------------------------|------------------------------------------------------------------------------------------|
| UTILITY<br>PATENT APPLICATION<br>TRANSMITTAL | Attorney Docket No.:    | 136001                                                                                   |
|                                              | First Inventor:         | Steven Yon et al.                                                                        |
|                                              | Title:                  | METHOD OF MANUFACTURING A HEAT TRANSFER<br>ELEMENT FOR IN VIVO COOLING WITHOUT UNDERCUTS |
|                                              | Express Mail Label No.: | ER 851868375 US                                                                          |

(Only for new nonprovisional applications under 37 CFR 1.53(b))

|                                                                                                  |                                                                                                                       |
|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| APPLICATION ELEMENTS<br>(see MPEP chapter 600 concerning<br>utility patent application contents) | ADDRESS TO:<br>Mail Stop Patent Application<br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450 |
|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. <input type="checkbox"/> Fee Transmittal Form in duplicate<br/>(Submit an original and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status<br/>See 37 CFR 1.27</p> <p>3. <input checked="" type="checkbox"/> Specification Total Pages <input type="text" value="43"/><br/>(preferred arrangement set forth below)<br/>-Descriptive title of the invention<br/>-Cross Reference to Related Applications<br/>-Statement Regarding Fed sponsored R&amp;D<br/>-Reference to sequence listing, a table,<br/>-Background of the Invention<br/>-Brief Summary of the Invention<br/>-Brief Description of the Drawings (if filed)<br/>-Detailed Description<br/>-Claim(s)<br/>-Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) Total Sheets <input type="text" value="20"/></p> <p>5. Oath or Declaration<br/>a. <input type="checkbox"/> Newly executed (original or copy)<br/>b. <input type="checkbox"/> Copy from a prior application (37<br/>CFR 1.63(d)) (for continuation/ divisional with<br/>Box 18 completed)<br/>i. <input type="checkbox"/> DELETION OF INVENTOR(S)<br/>Signed statement attached deleting<br/>inventor(s) named in the prior application,<br/>see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet under 37 CFR 1.76</p> | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large<br/>table or Computer Program (Appendix)</p> <p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence<br/>(if applicable, all necessary)<br/>a. <input type="checkbox"/> Computer Readable Form (CFR)<br/>b. <input type="checkbox"/> Specification Sequence Listing on:<br/>i. <input type="checkbox"/> CD-ROM or CD-4 (2 copies);<br/>ii. <input type="checkbox"/> or paper<br/>c. <input type="checkbox"/> Statements verifying identity of above copies</p> <p>ACCOMPANYING APPLICATION PARTS</p> <p>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) <input type="checkbox"/> Power of Attorney<br/>Statement (when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> IDS <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document</p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C.<br/>122(b)(2)(B)(i). Applicant must attach form<br/>PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other: _____</p> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

18. IF A CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☒ Continuation-in-Part (CIP) Prior Appl. No. 

60/451,095

Prior Appl. information:

Examiner:

Group/Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

|                                                            |                                |                  |                                                                  |
|------------------------------------------------------------|--------------------------------|------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Customer Number or Bar Code Label |                                | OR               | <input checked="" type="checkbox"/> Correspondence address below |
| Name                                                       | Mark D. Wieczorek, Ph.D., Esq. |                  |                                                                  |
| Address                                                    | Innercool Therapies, Inc.      |                  |                                                                  |
|                                                            | 3931 Sorrento Valley Boulevard |                  |                                                                  |
| City                                                       | San Diego                      | State            | CA                                                               |
| Country                                                    | USA                            | Telephone        | 858-677-6390                                                     |
|                                                            |                                | Fax              | 858-677-6391                                                     |
| Name                                                       | Mark D. Wieczorek              | Registration No. | 37,966                                                           |
| SIGNATURE                                                  | <i>Mark D. Wieczorek</i>       | Date             | Feb 24, 2004                                                     |

22278 U.S. PTO  
10/785389

022404